

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>091768959</b>	FILING DATE <b>01-24-01</b>					
APPLICANT(S)													
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54	/					
5							55		/				
6							56		/				
7							57	/					
8							58		/				
9							59		/				
10							60						
11							61						
12							62						
13							63						
14							64						
15	/						65						
16		/					66						
17		/					67						
18	/						68						
19		/					69						
20		/					70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35		/					85						
36							86						
37							87						
38							88						
39							89						
40		/					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	10						TOTAL DEP.						
TOTAL CLAIMS	14						TOTAL CLAIMS						